

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/759,391
	Filing Date	January 16, 2004
	First Named Inventor	Kishan Shenoi
	Art Unit	2661
	Examiner Name	Tonya, Lee
	Attorney Docket Number	SYMM/0015

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number : 26290

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 26290

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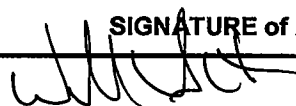
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	William Slater		
Date	SEPT 4, 2007	Telephone	(408) 433-0910

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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